CHAPTER 4

II. VARIATION IN CHRONIC DISEASE PROBLEMS BY SIZE OF POPULATION SERVED – 2003

VARIATION IN RISK FACTORS FOR CHRONIC DISEASE

All 114 local public health agencies consider tobacco use, physical inactivity, and unhealthy eating as risk factors in their communities for chronic disease. However, there are differences in rating the severity of these risk factors among agencies serving different sizes of population.

Most agencies (85%) that serve populations over 80,000 consider tobacco use as a serious or acute problem, but a smaller percentage (62%) rate physical inactivity as such, and only 54% rate unhealthy eating as a serious or acute risk factor.

All agencies that serve populations from 40,001 to 80,000 consider tobacco use as a serious or acute risk factor. Unhealthy eating is considered as such by 80% of agencies in this group, and 73% think physical inactivity is a serious or acute problem.

Agencies that serve populations from 20,001 to 40,000 rated other risk factors as more serious than tobacco use. More agencies in this group consider unhealthy eating (84%) and physical inactivity (83%) as serious or acute risk factors than consider tobacco use (80%) as such.

For agencies that serve populations of 20,000 or fewer, 79% consider tobacco use as an acute or serious risk factor, followed by 75% that rate physical inactivity and 70% that rate unhealthy eating as a serious or acute problem. (See Graph 8.1 and Data Tables 8.1.1 thru 8.1.3 and 8.1.10)

VARIATION IN CHRONIC DISEASE PROBLEMS

Cardiovascular disease is considered as an acute or serious problem by more agencies, regardless of size of population they serve, than other chronic diseases. From 80% to 92% of agencies in the four groups think cardiovascular disease is a serious problem in their community. However, depending upon the size of population served, the percentage of agencies rating other chronic disease as acute or serious differs.

Agencies that serve populations over 80,000 are most likely (69%) to rate asthma and diabetes as acute or serious problems, followed by lung cancer (46%).

Agencies that serve populations from 40,001 to 80,000 are most likely (60%) to rate lung cancer as serious or acute, followed by breast cancer and diabetes (53%).

Agencies that serve populations from 20,001 to 40,000 rate diabetes (57%) and lung cancer (40%) as serious or acute, followed by arthritis (34%).

Agencies that service populations fewer than 20,000 also rate diabetes (64%), and lung cancer (35%) as serious or acute, followed by asthma (32%).

(See Graph 8.1 and Data Tables 8.1.4, 8.1.6 & 8.1.11)

VARIATION IN ACTIVITY RELATED TO CHRONIC DISEASE PREVENTION & CONTROL BY SIZE OF POPULATION SERVED

Almost three quarters of all agencies collect data to define the most significant chronic disease problems, however, those that serve populations 40,001 to 80,000 are more likely to analyze data to define behavioral risks and other factors that contribute to chronic disease. Eighty-six percent (86%) of these agencies analyze data, compared to 69% of the largest agencies and 71% of the smallest. (See Graphs 9.1 & 9.2 and Data Tables 9.1 & 9.2)

Agencies serving populations over 40,000 are more active in identifying high-risk populations or those disproportionately affected by chronic disease, and in developing a plan to control and prevent chronic disease. Eighty percent or more do these activities. In each group serving populations of 40,000 or fewer, approximately one-third of agencies lack resources to identify high-risk populations or to develop a community plan. (See Graphs 9.3 & 9.4 and Data Tables 9.3 & 9.4)

Eighty percent (80%) of agencies serving population between 40,001 and 80,000, and 85% of agencies serving populations over 80,000 participate in activities that reflect evidence-based strategies. Agencies in these two groups are also more likely to have a method to measure outcomes (80% and 77% respectively do this), and to recommend modifications and strengthening of public policy; 60% and 77% respectively recommend policy. Public policy, such as clean indoor air ordinances, are enforced in the community by 85% of agencies serving populations greater than 80,000, but only by 14% of agencies serving populations of 20,000 or fewer. Agencies serving populations of 20,000 or fewer were most likely to routinely issue news releases to inform about chronic disease prevention strategies. Eighty-six percent (86%) of the smallest agencies do this compared to 73% to 77% of agencies in groups serving larger populations. Eighty percent (80%) of agencies serving populations between 20,001 and 40,000 and 87% of those serving populations between 40,001 and 80,000 identified community resources, including funding, that support chronic disease activities, but only 57% of those serving populations of 20,000 or fewer, and 69% of agencies serving populations over 80,000 do this. (See Graph 10 and Data Tables 10.2 thru 10.9)

VARIATION IN BARRIERS RELATED TO CHRONIC DISEASE PREVENTION AND CONTROL

DATA

Agencies serving populations over 80,000 are more likely to have barriers to accessing local data to support chronic disease or risk factors as priorities than agencies serving smaller populations. Seventy percent (70%) of the largest agencies indicated there are moderate to substantial barriers to accessing data; 46% to 53% of agencies in groups serving other sizes of population consider accessing data as a moderate to substantial barrier. (See Graph 11.1 and Data Table 11.1)

STAFF CAPACITY

Agencies that serve populations from 40,001 to 80,000 are reportedly less likely than agencies serving other population sizes to encounter barriers to addressing chronic diseases due to a lack of knowledge of evidence-based chronic disease interventions or a lack of skill to lead implementation. All agencies in this group consider there is no barrier, or only a limited barrier, due to a lack of skill, and 80% of them consider lack of knowledge of evidence based interventions as a limited barrier or not a barrier. Agencies serving populations over 80,000 are most likely to consider these as barriers. (See Graphs 11.2.1 & 11.2.2 and Data Tables 11.2.1 & 11.2.2)

Agencies that serve populations between 40,001 and 80,000 are reportedly more likely than agencies serving other population sizes to encounter barriers to addressing chronic disease due to a lack of time to plan and implement interventions. Eighty percent (80%) of agencies in this group report this a moderate to substantial barrier. (See Graph 11.2.3 and Data Table 11.2.3)

Agencies that serve populations between 20,001 and 40,000 are reportedly more likely than agencies serving other population sizes to encounter moderate to substantial barriers to addressing chronic disease due to lack of financial resources to hire staff for chronic disease activities. Ninety percent (90%) of these agencies indicated they have a lack of resources. Eighty-four percent (84%) to 89% of agencies in groups serving other population sizes also indicated that lack of financial resources is a moderate to substantial barrier. (See Graph 11.2.4 and Data Table 11.2.4)

COMMUNITY READINESS

Agencies that serve populations over 80,000 reportedly encounter limited or no barriers related to community readiness to address chronic diseases. Ninety-two percent (92%) of the largest agencies consider that lack of governing body or other stakeholder support is not a barrier, or is only a limited barrier. Sixty-two percent (62%) of these agencies consider there is no barrier because of lack of active community groups to participate in implementing prevention and control strategies, and an additional 31% consider this as a limited barrier. Conversely, 62% of the smallest agencies consider lack of active community groups to be a moderate to substantial barrier. (See Graphs 11.3.1. & 11.3.2. and Data Tables 11.3.1. and 11.3.2.)

Agencies that serve populations between 40,001 and 80,000 are reportedly more likely than agencies serving other population sizes to encounter barriers to addressing chronic disease due to societal attitudes, poor education levels, or other factors that cause non-support of prevention strategies. Eighty-six percent (86%) of agencies in this group indicated this as a moderate to substantial barrier. Fifty-three percent (53%) of the largest agencies, 63% of agencies that serve populations between 20,001 and 40,000, and 77% of the smallest agencies consider societal attitudes, poor education levels and other factors to be moderate to substantial barriers. (See Graph 11.3.3. and Data Table 11.3.3.)

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